

**Escrow Agent Certification by Licensing Agency or Supervisory Board****Reference/Questionnaire on Applicant**

Applicant – Legibly complete Section A & B of this form then forward to the regulatory authorities of those states where you are currently licensed or certified.

Enclose for each state, a stamped envelope addressed to this agency (see address at bottom of this page)

A. Arizona Applicant Name and Address:

Dear Fellow Regulators: Please respond to the following questions and return the completed form to the address stated below as soon as possible. The above named company has made application to conduct business in Arizona as an Escrow Agent. Below the applicant has stated that they are registered/regulated by your state as:

B. Company Name: _____

Licensed / Registered as a: _____ License # _____

Issued date: _____ Expiration date: _____

1. Is the information in section B above accurate? _____ If not please print the accurate information here. _____

2. Is there now or has there ever been any action commenced against the aforementioned company? _____

3. Has there ever been any formal sanction imposed against the aforementioned company as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction of limitation? _____

If yes to either 2 or 3 attach a certified copy of disciplinary action.

4. Any additional comments will be appreciated: _____

I Certify that the information is true and correct according to the official records of this State.

State of: _____

Date: _____

Agency Name: _____ Telephone Number: _____

Signature & Title of agency representative completing this form: _____

Please complete and return to: Arizona Department of Financial Institutions
Licensing Division
2910 North 44th Street, Suite 310
Phoenix, AZ 85018